

Form Number 1

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT

) SS:

COUNTY OF _____) CASE NO. _____

IN RE THE MARRIAGE OF:

Petitioner,

V.

Respondent.

APPEARANCE

1. Petitioner Party: _____

2. Attorney Information: Self-Represented

3. Case Type : DR

4. Will **NOT** accept FAX service.

5. Names of all family members: _____

_____(#) child/ren are involved in this matter.

6. Are there related cases? Yes ___ No ___ ; Case Number(s): _____

Signature

Print your name

Mailing Address

Town, State and Zip Code

Telephone number, with area code

Form Number 2

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE THE MARRIAGE OF:

Petitioner,

and

Respondent.

VERIFIED PETITION FOR DISSOLUTION OF MARRIAGE
AND REQUEST FOR PROVISIONAL ORDERS

The Petitioner, _____, now states:

1. Petitioner and Respondent were married on _____, and separated on _____.
2. _____ has been a continuous resident of _____ County for the last 3 months.
3. _____ has been a continuous resident of the State of Indiana for the last 6 months.
4. There are _____ children of the marriage; namely:

NAME

DATE OF BIRTH

5. That _____ is fit and proper person to have custody of the minor children.

6. Debts and property:

_____ There are no debts / personal property to divide.

_____ Petitioner wishes the Court to divide the following debts / personal property:

- a. _____
- b. _____
- c. _____
- d. _____

7. _____ is not pregnant.

- 49 8. Neither party is a member of the military.
- 50 9. This marriage has suffered an irretrievable breakdown and should be dissolved.
- 51 10. Change of name:
- 52 _____ Petitioner /Respondent would like her former name of
- 53 _____ restored to her.
- 54 _____ Petitioner / Respondent does not want to change her name.
- 55

56 I request that this Court issue its order dissolving the marriage of the parties, and for all other just and

57 proper relief and until this matter is finalized, I request the following provisional orders:

- 58 _____ Temporary custody of the minor child (ren);
- 59 _____ Temporary child support for minor child (ren);
- 60 _____ Temporary parenting time (visitation) for the non-custodial parent;
- 61 _____ Temporary possession of the marital residence;
- 62 _____ Temporary division of debts;
- 63 _____ Temporary division of property;
- 64 _____
- 65 _____ Spousal maintenance;
- 66 _____ Restraining the parties from removing the child(ren) from the state without the permission
- 67 of the court or all parties;
- 68 _____ Restraining the parties from transferring, encumbering, concealing, or in any way disposing
- 69 of any of the property of the part;
- 70 _____
- 71 _____ Other: _____.
- 72

73 I affirm under the penalties of perjury that the foregoing representations are true.

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79 (sign your name)

80 _____

81 (print your name)

82 _____

83 (your street address)

84 _____

85 (your city, state and zip Code)

86 _____

87 (telephone number, with area code)

Form Number 4

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT

) SS:

COUNTY OF _____) CASE NO. _____

IN RE THE MARRIAGE OF:

Petitioner,

and

VERIFIED MOTION FOR FEE WAIVER

Respondent.

The Petitioner now states:

1. I wish to file this action and I believe that I have a case with merit.

2. I cannot pay any of the filing fees or other costs of this action because I do not have sufficient income or resources.

3. I live with _____

4. Our family's income is \$ _____ per month. *(Total from below)*
(Income received each month, before taxes)

Wages (\$ _____ per hour x _____ hours per month) _____

Unemployment Compensation _____

AFDC / TANF Benefits _____

SSI / SSD Benefits _____

Child Support _____

Other _____

+

Total =

\$

5. We have \$ _____ in the bank.

6. Our expenses total \$ _____ per month: *(Total from below)*
(Expenses spent each month)

Housing (Rent, Contract, or Mortgage) _____

Utilities (Gas, Electric, Water, Phone, etc.) _____

Food _____

Child Care _____

Medical Bills _____

Transportation _____

Insurance (car, medical and/or property) _____

Child Support _____

Other (please describe) _____

+

Total =

\$

I request that this Court waive all costs of this action and allow me to proceed without the payment of any filing fees or other costs.

I affirm under the penalties of perjury that the foregoing representations are true.

Signature

Print your name

Mailing address

Form Number 4

Town, State and Zip Code

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE THE MARRIAGE OF:

Petitioner

and

Respondent

ORDER ON FEE WAIVER

The Petitioner has filed a Verified Motion for Fee Waiver, which the Court has read and finds should be granted.

IT IS THEREFORE ORDERED that Petitioner may file this case:

_____ without the pre-payment of any filing fees, costs, security, bond, or other expenses; or

_____ upon the pre-payment of \$_____ which is a portion of the filing fee set by statute. Such sum must be paid by the Petitioner to the Clerk within the next 20 days.

The Court will determine whether any or additional costs are to be paid at a provisional or final hearing in this case.

Date

Judge

Court

Distribution:

Your name

Your spouse's name

Your mailing address

Your spouse's mailing address

Your town, state and zip code

Your spouse's town, state and zip code

Worksheet – Child Support Obligation

Each party shall complete that portion of the worksheet that applies to him or her, sign the form and file it with the court. This worksheet is required in all proceedings establishing or modifying child support.

IN RE:

CASE NO:

FATHER:

MOTHER:

CHILD SUPPORT OBLIGATION WORKSHEET (CSOW)

Children	DOB	Children	DOB

1. WEEKLY GROSS INCOME	FATHER	MOTHER	
Subsequent Children Multipliers (Circle .935 .903 .878 .863 .854)			
A. Child Support (Court Order for Prior Born Child(ren))			
B. Child Support (Legal Duty for Prior Born Child(ren))			
C. Maintenance Paid			
D. WEEKLY ADJUSTED INCOME (WAI) Line 1 minus 1A, 1B, and 1C			
2. PERCENTAGE SHARE OF TOTAL WAI	%	%	
3. COMBINED WEEKLY ADJUSTED INCOME (Line 1D)			
4. BASIC CHILD SUPPORT OBLIGATION Apply CWAI to Guideline Schedules			
A. Weekly Work-Related Child Care Expense of each parent			
B. Weekly Premium – Children’s Portion of Health Insurance Only			
5. TOTAL CHILD SUPPORT OBLIGATION (Line 4 plus 4A and 4B)			
6. PARENT’S CHILD SUPPORT OBLIGATION (Line 2 times Line 5)			
7. ADJUSTMENTS			
() Obligation from Post-Secondary Education Worksheet Line J.	+ _____	+ _____	
() Payment of work-related child care by each parent. (Same amount as Line 4A)	- _____	- _____	
() Child(ren)’s Portion of Weekly Health Insurance Premium \$ _____. (This will be a credit to the payor)	- _____	- _____	
() Parenting Time Credit \$ _____	- _____	- _____	
8. RECOMMENDED CHILD SUPPORT OBLIGATION			

EXPLAIN ANY DEVIATION FROM GUIDELINE SCHEDULES IN ORDER/DECREE.

I affirm under penalties for perjury that the foregoing representations are true.

Father: _____

Dated: _____

Mother: _____

UNINSURED HEALTH CARE EXPENSE CALCULATION

- A. Custodial Parent Annual Obligation: (CSOW Line 4) \$ _____ + (PSEW § Two, Line I) \$ _____ = \$ _____ x 52 weeks x .06 = \$ _____.
- B. Balance of Annual Expenses to be Paid: (Line 2) _____ % by Father; _____ % by Mother.

Form Number 6

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE THE MARRIAGE OF:

Petitioner,

and

Respondent.

TEMPORARY ORDER

Petitioner appears/does not appear, and Respondent appears/does not appear for provisional hearing on _____, 20____. The court having been duly advised in this matter, now finds the following:

Petitioner/Respondent is awarded temporary custody of the minor child(ren);

Petitioner/Respondent shall pay temporary child support for the minor child(ren) in the amount of \$ _____ per week, payable through the _____ County Clerk, or by income withholding order if available from the employer, beginning on _____, 20____.

Petitioner/Respondent shall be responsible for the first \$ _____ of uninsured medical expenses for the minor child(ren). Thereafter, Petitioner shall be responsible for _____% and Respondent for _____% of uninsured medical expenses for the minor child(ren).

Petitioner/Respondent shall have temporary parenting time (visitation) with the minor child(ren) as the parties agree or according to the Indiana Parenting Time (Visitation) guidelines;

Petitioner/respondent shall have temporary possession of the marital residence;

Petitioner/Respondent shall temporarily maintain medical, dental, and optical insurance as available through employment for the following persons:

There shall be a temporary division of debts, as follows:

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- a. Petitioner shall be solely responsible for the following debts:

- b. Respondent shall be solely responsible for the following debts:

There shall be a temporary division of property, as follows:

- a. Petitioner shall have sole possession of the following items of property:

- b. Respondent shall have sole possession of the following items of property:

There shall be a temporary division of motor vehicles, as follows:

- a. Petitioner shall have temporary possession of the following vehicles:

(Vehicle #1, Make, Model, and Year)

(Vehicle #2, Make, Model and Year)

- b. Respondent shall have temporary possession of the following vehicles:

(Vehicle #1, Make, Model, and Year)

(Vehicle #2, Make, Model and Year)

There shall be a temporary restraining order in effect during these proceedings:

Restraining the parties from removing the child(ren) from the state
without the permission of the court or all parties;

Restraining the parties from transferring, encumbering, or
concealing, or in any way disposing of any of the property of the

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parties;

Other:

ALL OF WHICH IS SO ORDERED THIS _____ DAY OF _____, 20____.

Date

Judge

Court

Distribution:

(print your name)

(your street address)

(your city, state, zip code)

(print your spouse's name)

(spouse's street address)

(spouse's city, state, zip, code)

Form Number 7

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE THE MARRIAGE OF:

Petitioner,

and

Respondent.

VERIFIED WAIVER OF FINAL HEARING

Come now Petitioner and Respondent pursuant to Ind. Code 31-1-11.5-8 and submit their Verified Waiver of Final Hearing. In support of this Waiver, the parties state that:

1. More than sixty (60) days have elapsed since the filing of Petitioner's Verified Petition for Dissolution of Marriage;
2. Both parties request the Court to approve their Settlement Agreement and Decree of Dissolution of Marriage.
3. Both parties voluntarily waive the opportunity to hold a final hearing on contested issues.

I affirm under the penalties of perjury that the foregoing representations are true.

(sign your name)

(spouse's signature)

(print your name)

(print your spouse's name)

(your street address)

(spouse's street address)

(your city, state, zip code)

(your spouse's city, state, zip code)

(your telephone number)

(spouse's telephone number)

Form Number 8

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE THE MARRIAGE OF:

Petitioner,

and

Respondent.

SETTLEMENT AGREEMENT AND DECREE OF DISSOLUTION OF MARRIAGE

The parties having submitted their Settlement Agreement and the court having seen and considered the Verified Petition for Dissolution of Marriage and Verified Waiver of Final Hearing submitted by the parties, now approves the following agreement:

1. The parties were married on _____, and separated on _____.
2. _____ has been a continuous resident of _____ County for the last three months, and the State of Indiana for the last six months prior to the filing of the Verified Petition for Dissolution of Marriage.
3. _____ is not pregnant.
4. Neither party is a member of the military.
5. There were children born of this marriage; namely;

Name

Date of birth

6. The parties agree and state that it is in the best interest of the child(ren) that:

_____ Petitioner shall have sole physical and legal custody of the child(ren).

_____ Respondent shall have sole physical and legal custody of the child(ren).

_____ Petitioner shall have sole physical custody and the parties shall have joint legal custody of the child(ren)

_____ Respondent shall have sole physical custody and the parties shall have joint legal custody of the child(ren).

_____ Other:

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60 7. The parties have agreed on the following Parenting Time (Visitation) order:

61
62 _____ Petitioner shall have reasonable visitation with the minor child(ren) as the
63 parties agree or according to the Indiana Parenting Time guidelines.

64
65 _____ Respondent shall have reasonable visitation with the minor child(ren) as the
66 parties agree or according to the Indiana Parenting Time guidelines.

67
68 _____ Other:
69 _____
70 _____
71 _____
72 _____
73 _____
74 _____

75 8. _____ will pay child support in the amount of \$_____ per
76 week, as shown by the attached child support worksheet, through the County Clerk's office,
77 or by income withholding order if available from the employer, beginning on the first
78 Friday following the date of the decree. Said date is _____.
79 _____ will be responsible for the first \$_____ of uninsured
80 medical expenses for the minor child(ren). Thereafter, Petitioner shall be responsible for
81 _____% of uninsured medical expenses, and Respondent shall be responsible for
82 _____% of uninsured medical expenses for the minor child(ren).
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84 9. The parties have agreed on the following provisions for health insurance maintenance:

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86 _____ Petitioner shall maintain medical dental, and optical insurance as available
87 through employment for the following persons:
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89 _____
90 _____
91 _____
92 _____
93 _____
94 _____
95 _____

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97 _____ Respondent shall maintain medical, dental, and optical insurance as
98 available through employment for the following persons:
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100 _____
101 _____
102 _____
103 _____
104 _____
105 _____

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10. The parties have agreed on the following arrangement for claiming the tax credits, exemptions, and deductions for the minor child(ren):

Petitioner shall be entitled to claim the minor child(ren) for federal, state, and local income tax purposes on an annual basis; Respondent shall sign all necessary documents that will entitle Petitioner to do so.

Respondent shall be entitled to claim the minor child(ren) for federal, state, and local income tax purposes on an annual basis; Petitioner shall sign all necessary documents that will entitle Respondent to do so.

Petitioner and Respondent shall each be entitled to claim the minor child(ren) for federal, state, and local income tax purposes in alternating years; Petitioner shall be entitled to claim the minor child(ren) in the year _____, and every even/odd year thereafter; Respondent shall be entitled to claim the minor child(ren) in the year _____, and every even/odd year thereafter.

11. The parties have agreed on the following debt division:

The parties already have divided their debts.

Petitioner will be solely responsible for and shall hold Respondent harmless from, the following debts:

Name of Creditor

Amount of Debt

Respondent will be solely responsible for, and shall hold Petitioner harmless from the following debts:

Name of Creditor

Amount of Debt

12. The parties have agreed on the following vehicle division:

There are no vehicles to divide.

Petitioner will have sole possession of the following vehicles, and Respondent shall execute all documents necessary to transfer title of said vehicles within thirty (30) days of the date of this Order:

Vehicle #1, Make, Model, and Year

Vehicle #2, Make, Model, and Year

Respondent will have sole possession of the following vehicles, and
Petitioner shall execute all documents necessary to transfer title of said
vehicles within thirty (30) days of the date of this Order:

Vehicle #1, Make, Model, and Year

Vehicle #2, Make, Model, and Year

13. The parties have agreed on the following property division:

The parties already have divided all items of property.

Petitioner will have sole possession of the following items of property:

Respondent will have sole possession of the following items of property:

14. The marriage has suffered an irretrievable breakdown and should be dissolved.

15. Change of names:

Petitioner/Respondent would like her maiden name or previous married
name of _____ restored to her.

Petitioner/Respondent does not want to change her name.

The parties have disclosed all relevant documents and exchanged all information on value of
property, pensions, real estate, and other assets and debts. The parties agree that this division of
property is/is not an approximate equal division of the assets and debts. The parties agree that if
this division is not a nearly equal division, that the deviation from the presumptive equal division
should be accepted by the Court because it is the parties' agreement and neither party has been

Form Number 8

forced or threatened to accept this agreement.

I affirm under the penalties of perjury that the foregoing representations are true.

(Sign your name)

(Print your name)

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, _____, a notary public in and for _____ county, State of Indiana,
personally appeared _____, and he being first duly sworn upon his/her oath, says that
the facts alleged in the foregoing instrument are true.

Date _____

NOTARY PUBLIC

MY COMMISSION EXPIRES:

(Spouse's signature)

(Prints your spouse's name)

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, _____, a notary public in and for _____ county, State of Indiana,
personally appeared _____, and he being first duly sworn upon his/her oath, says that
the facts alleged in the foregoing instrument are true.

Date _____

NOTARY PUBLIC

MY COMMISSION EXPIRES:

IT IS THEREFORE ORDERED by the Court that the parties' marriage is hereby dissolved, and
the terms of their agreement as set out above shall be incorporated into this Order.

Date

Judge

Court

Distribution:

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(print your name)

(print your spouse's name)

(your street address)

(spouse's street address)

(your city, state, zip code)

(your spouse's city, state, zip code)

(your telephone number)

(spouse's telephone number)

Form Number 9

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE THE MARRIAGE OF:

Petitioner,

and

Respondent.

MOTION FOR FINAL HEARING

The Petitioner now states that sixty (60) days have passed since the filing of the Verified Petition for Dissolution of Marriage and requests that this matter be set for Final Hearing on the next available hearing date, allowing fifteen (15) minutes for the hearing. [If you need more than 15 minutes, please advise the Court when you file this Motion.]

Signature of Petitioner

Print your name

Mailing address

Town, State and Zip Code

Telephone number, with area code

CERTIFICATE OF SERVICE

I certify that I have served a copy of the foregoing on the Respondent by first class mail this _____ day of _____, 2____.

Signature

Form Number 10

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE THE MARRIAGE OF:

Petitioner,

and

Respondent.

NOTICE OF FINAL HEARING

The Petitioner has filed a Motion For Final Hearing, which the Court has considered and now grants.

IT IS THEREFORE ORDERED that the final hearing for this matter shall be held on _____ at _____ AM/PM. [The Court allows 15 minutes for the hearing.] [The Court allows _____ for the hearing.] The Parties may present evidence on their behalf. Failure to appear may result in matters being decided in your absence.

So ordered this _____ day of _____, 2_____.

Judge

Court

Distribution:

Your name

Your spouse's name

Your mailing address

Your spouse's mailing address

Your town, state and zip code

Your spouse's town, state and zip code

Form Number 11

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE THE MARRIAGE OF:

Petitioner,

and

Respondent.

DECREE OF DISSOLUTION OF MARRIAGE

The Court having reviewed the Verified Petition for Dissolution of Marriage and having held a final hearing in this matter, now finds the following:

1. The parties were married on _____, and separated on _____.
2. _____ has been a continuous resident of _____ County for the last three months, and the State of Indiana for the last six months prior to the filing of the Verified for Dissolution of Marriage.

3. _____ is not pregnant.

4. Neither party is a member of the military.

5. There were children born of this marriage; namely;

Name

Date of Birth

6. It is in the best interests of the child(ren) that custody of the minor child(ren) be as follows:

_____ Petitioner shall have sole physical and legal custody of the child(ren).

_____ Respondent shall have sole physical and legal custody of the child(ren).

_____ Petitioner shall have sole physical custody and the parties shall have joint legal custody of the child(ren).

_____ Respondent shall have sole physical custody and the parties shall have joint legal

Form Number 11

custody of the child(ren).

Other: *(please describe in detail)*

7. Parenting Time (Visitation) with the minor child(ren) shall be as follows:

Petitioner shall have reasonable parenting time (visitation) with the minor child(ren) as the parties agree or according to the Indiana Parenting Time (visitation) guidelines.

Respondent shall have reasonable parenting time (visitation) with the minor child(ren) as the parties agree or according to the Indiana Parenting Time (visitation) guidelines.

Other: We have agreed to a different parenting time (visitation) that does **NOT** follow the Indiana Parenting Time (Visitation) Guidelines. *(please describe in detail)*

8. _____ will pay child support in the amount of \$_____ per week, as shown by the attached child support worksheet, through the County Clerk's office, or by income withholding order if available from the employer, beginning on the first Friday following the date of this decree. Said date is _____. The custodial parent, _____, will be responsible for the first \$_____ of uninsured medical expenses for the minor child(ren). Thereafter, Petitioner shall be responsible for _____% of uninsured medical expenses, and Respondent shall be responsible for _____% of uninsured medical expenses for the minor child(ren). _____ will be responsible to pay the Administrative Fee that the Clerk charges annually.

9. The parties have agreed on the following provisions for health insurance maintenance:

Petitioner shall maintain medical, dental, and optical insurance as available through employment for the following persons:

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Respondent shall maintain medical, dental, and optical insurance as available through employment for the following persons:

10. The parties have agreed on the following arrangement for claiming tax credits, exemptions, and deductions for the minor child(ren):

Petitioner shall be entitled to claim the minor child(ren) for federal, state, and local income tax purposes on an annual basis; Respondent shall sign all necessary documents that will entitle Petitioner to do so.

Respondent shall be shall be entitled to claim the minor child(ren) for federal, state, and local income tax purposes on an annual basis; Petitioner shall sign all necessary documents that will entitle Respondent to do so.

Petitioner and Respondent shall each be entitled to claim the minor child(ren) for federal, state, and local income tax purposes in alternating years; Petitioner shall be entitled to claim the minor child(ren) in the year _____, and every even/odd year thereafter; Respondent shall be entitled to claim the minor child(ren) in the year _____, and every even/odd year thereafter. Parties shall sign all necessary paperwork to allow enforcement of such Order.

11. The marital debts shall be divided as follows:

The parties already have divided their debts.

Petitioner will be solely responsible for, and shall hold Respondent harmless from, the following debts:

<u>Name of Creditor</u>	<u>Amount of Debt</u>
_____	_____
_____	_____
_____	_____

Form Number 11

106 _____ Respondent will be solely responsible for, and shall hold Petitioner harmless from,
107 the following debts:

108	<u>Name of Creditor</u>	<u>Amount of Debt</u>
109	_____	_____
110	_____	_____
111	_____	_____

112 12. The parties have agreed on the following vehicle division:

113 _____ There are no vehicles to divide.

114 _____ Petitioner will have sole possession of the following vehicle(s), and Respondent
115 shall execute all documents necessary to transfer title of these vehicle(s) within
116 thirty (30) days of the date of this Order:

117 _____
118 *(Vehicle #1, Make, Model, and Year)*

119 _____
120 *(Vehicle #2, Make, Model, And Year)*

121 _____ Respondent will have sole possession of the following vehicle(s), and Petitioner
122 shall execute all documents necessary to transfer title of these vehicle(s) within
123 thirty (30) days of the date of this Order:

124 _____
125 *(Vehicle #1, Make, Model, and Year)*

126 _____
127 *(Vehicle #2, Make, Model, And Year)*

128 13. The marital property shall be divided as follows:

129 _____ The parties already have divided all items of property.

130 _____ Petitioner will have sole possession of the following items of property:

131 _____
132 _____
133 _____

134 _____ Respondent will have sole possession of the following items of property:

135 _____
136 _____
137 _____

138 14. This marriage has suffered an irretrievable breakdown and should be dissolved.

Form Number 11

15. Change of names:

_____ Petitioner/Respondent would like her maiden or previous married name of
_____ restored to her.

_____ Petitioner/ Respondent does not want to change her name.

IT IS THEREFORE ORDERED by the Court that the parties' marriage is hereby dissolved.

Date

Judge

_____ Court

Distribution:

(Print Your name)

(Print your spouse's name)

(Your street address)

(Your spouse's street address)

(Your city, state and zip code)

(Your spouse's city, state, zip code)

(Your telephone Number)

(Your spouse's telephone Number)

Form Number 12

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE THE MARRIAGE OF:

Petitioner,

and

Respondent.

SUMMONS

[For Dissolution of Marriage Cases Only]

TO RESPONDENT: _____

1. You are hereby notified that you have been sued by the Petitioner for Dissolution of Marriage in the Court indicated above.
2. If this summons is accompanied by an Notice to Appear, you should appear in Court on the date and time stated in the Order to Appear. If you do not appear, evidence may be heard in your absence and a determination made by the Court. If a Temporary Restraining Order is attached, it is effective immediately upon your receipt or knowledge of the Order.
3. If you wish to retain an attorney to represent you in this matter, it is advisable to do so before the date stated in the Notice to Appear.
4. If you take no action in this case after the receipt of this summons, the Court can grant a Dissolution of Marriage or make a determination regarding any of the following: paternity, child custody, child support, maintenance, parenting time, property division (real or personal) and any other distribution of assets and debts.

Dated: _____

Clerk, _____ County

The following manner of Service of Summons is hereby designated:

_____ Registered / Certified Mail to be sent by the Clerk

_____ Service by Sheriff on Individual at address shown above

_____ Service by Sheriff at place of employment, (**name and address of spouse's employer**):

SHERIFF'S RETURN OF SERVICE OF SUMMONS

I hereby certify that I have served this summons on the _____ day of _____, 2_____:

(1) By delivering a copy of the Summons and a copy of the complaint to the Respondent identified on the 1st page of Summons.

(2) By leaving a copy of the Summons and a copy of the complaint at _____, which is the dwelling place or usual place of abode of and by mailing a copy of the Summons to the Respondent at the above address.

(3) Other Service or Remarks: _____

Sheriff's Costs

Sheriff

By: _____

Deputy

CLERK'S CERTIFICATE OF MAILING

I hereby certify that on the _____ day of _____, 2____, I mailed a copy of this Summons and a copy of the Complaint to the Respondent identified on the 1st page of the Summons by _____ mail, requesting a return receipt, at the address provided by the Petitioner.

Clerk, _____ County

Dated: _____, 2_____

By: _____

Deputy

RETURN ON SERVICE OF SUMMONS BY MAIL

I hereby certify that the attached receipt was received by me showing that the Summons and a copy of the Complaint mailed to the Respondent identified on the 1st page of this Summons was accepted by the Respondent on the _____ day of _____, 2_____.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Complaint was returned not accepted on the _____ day of _____, 2_____.

I hereby certify that the attached return receipt was received by me showing that the Summons and a copy of the Complaint mailed to the Respondent identified on the 1st page of this Summons was accepted by _____ on behalf of the Respondent on the _____ day of _____, 2_____.

Clerk, _____ County

By: _____

Deputy